

APPLICATION DATA SHEET**Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: DEVICE FOR TREATING A PACKAGING
MATERIAL BY MEANS OF UV RADIATION

Attorney Docket Number:: 034170-023

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 1

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Italy

Status:: Full Capacity

Given Name:: Luca

Middle Name::

Family Name:: POPPI

Name Suffix::

City of Residence:: Modena

State or Province of Residence::

Country of Residence:: Italy

Street of Mailing Address:: Via Piemonte 1, Formigine

City of Mailing Address:: Modena

State or Province of Mailing
Address::

Country of Mailing Address::	Italy
Postal or Zip Code of Mailing Address::	I-41043
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Italy
Status::	Full Capacity
Given Name::	Guido
Middle Name::	
Family Name::	MORUZZI
Name Suffix::	
City of Residence::	Bologna
State or Province of Residence::	
Country of Residence::	Italy
Street of Mailing Address::	Via Venezia 10, S. Lazzaro di Savena
City of Mailing Address::	Bologna
State or Province of Mailing Address::	
Country of Mailing Address::	Italy
Postal or Zip Code of Mailing Address::	I-40068
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Italy
Status::	Full Capacity

Given Name:: Paolo
Middle Name::
Family Name:: BENEDETTI
Name Suffix::
City of Residence:: Modena
State or Province of Residence::
Country of Residence:: Italy
Street of Mailing Address:: Via Malatesta 21
City of Mailing Address:: Modena
State or Province of Mailing Address::
Country of Mailing Address:: Italy
Postal or Zip Code of Mailing Address:: I-41100

Correspondence Information

Correspondence Customer Number:: 21839
Phone Number:: (703) 836-6620
Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP03/02471	03/11/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Italy	TO2002A000215	03/12/02	Yes

Assignee Information

Assignee Name::	Tetra Laval Holdings & Finance S.A.
Street of Mailing Address::	Avenue General-Guisan 70
City of Mailing Address::	Pully
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-1009